



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/21/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986644151

FACILITY NAME -> EXXON SERVICE STATION 35056

MAILING ADDRESS -> 1200 SMITH ST  
HOUSTON, TX 77210

INSTALLATION ADDRESS -> 43 MAIN ST  
BLOOMINGDALE, NJ 07403

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: BLOOM, JON  
ENGR  
EXXON SERVICE STATION 35056  
339 JEFFERSON RD  
PARSIPPANY, NJ 07054

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

DEC 14 1992

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☐
B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

NJ0982644151

## II. Name of Installation (Include company and specific site name)

EXXON SERVICE STATION 3-5056

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

43 MAIN STREET

Street (continued)

City or Town

BLOOMINGDALE

State

NJ

ZIP Code

07403-

County Code

County Name

PASSAIC

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

1200 SMITH STREET

City or Town

HOUSTON

State

TX

ZIP Code

77210-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BLOOM

(first)

JON

Job Title

ENGINEER

Phone Number (area code and number)

201-428-7687

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing
☒
☒

B. Street or P.O. Box

339 JEFFERSON ROAD

City or Town

PARSIPPANY

State

NJ

ZIP Code

07054-

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

EXXON COMPANY USA

Street, P.O. Box, or Route Number

1200 SMITH STREET

City or Town

HOUSTON

State

TX

ZIP Code

77210-

Phone Number (area code and number)

713-656-7709

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

Yes

No

(Date Changed)

Month

Day

Year



ID - For Official Use Only

NJ0986644151

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

## A. Hazardous Waste Activity

- ☒ 1. Generator (See Instructions)
- a. Greater than 1000kg/mo (2,200 lbs.) ☐
- b. 100 to 1000 kg/mo (220 - 2,200 lbs.) ☐
- c. Less than 100 kg/mo (220 lbs.) ☐
- ☐ 2. Transporter (Indicate Mode in boxes 1-5 below)
- a. For own waste only ☐
- b. For commercial purposes ☐
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
- ☐ 4. Hazardous Waste Fuel
- a. Generator Marketing to Burner ☐
- b. Other Marketers ☐
- c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

- ☐ 1. Off-Specification Used Oil Fuel
- a. Generator Marketing to Burner ☐
- b. Other Marketer ☐
- c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☒
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
- D008 D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See Instructions.)

1	2	3	4	5	6
X 7 2 3					

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

X Jonathan Bloom

Name and Official Title (type or print)

X JONATHAN BLOOM - ENVIR. ENGINEER

Date Signed

X 12/11/92

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)